

**HOLY CROSS HOSPITAL**

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March 30, 2009

Pamela W. Barclay  
Director, Center for Hospital Services  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Dear Ms. Barclay:

Thank you for the opportunity to comment on the proposed amendments to COMAR 10.24.17 regarding primary PCI. As you know, Holy Cross Hospital has been an active participant in the primary PCI program since it began. I firmly believe our participation has made a significant difference in our ability to provide the most appropriate and timely care for patients experiencing ST-elevation myocardial infarction. Our cardiac catheterization laboratory and emergency center physicians and staff are fully committed to this program. They meet monthly to review program operations and discuss opportunities for improvement. While we are proud of our accomplishments, we continuously strive to improve.

Holy Cross Hospital supports the movement of the target for door to balloon time from the current standard of 80 percent of patients within 120 minutes to 75 percent within 90 minutes. However, I believe this requirement should be phased in over time. A 25 percent improvement in door to balloon time (from 120 to 90) is a major change. It is something we believe we can accomplish, but it will take time to design and implement the necessary process changes. One significant change that we anticipate is the ability to receive clinical data transmitted by EMS providers in the field. This is not yet available in Montgomery County, but when it is, it will substantially improve our ability to prepare for an arriving ST-elevation myocardial infarction patient. I believe a requirement that 60 percent of patients have a door to balloon time within 90 minutes in 2010 and 75 percent in 2011 would move the program toward this appropriate goal while allowing time for careful implementation of program changes.

I also suggest the regulations should identify specific exclusions to the time requirements for cases in which treatment delays are beyond the control of the treating hospital and staff. These exclusions should include:

- patients who require additional time for medical stabilization, such as patients who require initiation of mechanical ventilation and/or cardiopulmonary resuscitation
- patients whose care is delayed at the request of the patient (e.g. for additional consultation with family and/or friends)

- patients who present to the hospital with non cardiac symptoms, yet are subsequently diagnosed with an acute ST elevation myocardial infarction
- patients who require additional testing before proceeding to cath lab, such as CT or MRI studies due to concurrent non-cardiac illness
- patients who require additional background information prior to proceeding with the STEMI protocol, such as obtaining old EKGs to determine the chronicity of LBBB, or patients with prior CABG, where obtaining a prior operative report will substantially facilitate an invasive approach.

Holy Cross Hospital believes that a phased implementation of the 90 minute door to balloon time target coupled with appropriate exclusions of cases for whom delay cannot be controlled will lead to stronger primary PCI programs and improved patient outcomes.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Sexton', with a long horizontal line extending to the right.

Kevin J. Sexton  
President & CEO